

<b>Case Number:</b>	CM15-0112872		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	02/06/2015
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34-year-old male who sustained an industrial injury on 02/06/15. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include thoracic and lumbar spine, bilateral shoulder/elbow/wrist, and knee pain. Current diagnoses include thoracic and lumbar spine sprain/strain, bilateral shoulder/elbow sprain/strain. Additional diagnoses are difficult to decipher. In a progress note dated 05/12/15 the treating provider reports the plan of care as MRIs of the thoracic and lumbar spine, electro diagnostic studies of the upper extremities, and physical therapy. The requested treatments include physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical Therapy for the shoulders, lumbar and thoracic, three times a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Low back section; Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy shoulders, lumbar spine and thoracic spine three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are thoracic & lumbar sprain strain; bilateral shoulder elbow sprain strain. The remainder of the diagnoses is illegible. The request for authorization is dated May 12, 2015. Progress note on the same day is a check the box format and is largely illegible. Subjectively, there is lumbar, shoulder, elbow and wrist pain. The injured worker has complaints of constipation. Medications are not legible. According to utilization review, a March 10, 2015 progress note contained a request for physical therapy. The injured worker should have received a reasonable number of initial physical therapy sessions. There are no progress notes or documentation the injured worker received physical therapy. The number of physical therapy sessions is not documented in the medical record. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. If no physical therapy took place prior to the request for authorization, a six visit clinical trial is clinically indicated. The treating provider requested 12 physical therapy sessions in excess of the recommended guidelines. Consequently, absent clinical documentation of prior physical therapy, physical therapy progress notes with objective functional improvement and compelling clinical documentation indicating additional physical therapy is warranted, physical therapy shoulders, lumbar spine and thoracic spine three times per week times four weeks is not medically necessary.

**Docusate Sodium 100mg quantity unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601113.html>.

**Decision rationale:** Pursuant to Medline plus, Docusate sodium 100 mg (quantity unspecified) is not medically necessary. People who should avoid straining during bowel movements because of heart conditions, hemorrhoids, and other problems use stool softeners on a short-term basis to relieve constipation. They soften stools, making them easier to pass. In this case, the injured worker's working diagnoses are thoracic & lumbar sprain strain; bilateral shoulder elbow sprain strain. The remainder of the diagnoses is illegible. The request for authorization is dated May 12, 2015. Progress note on the same day is a check the box format and is largely illegible. Subjectively, there is lumbar, shoulder, elbow and wrist pain. The injured worker has complaints of constipation. There is no legible documentation indicating whether docusate sodium has been prescribed to the injured worker. Additionally, there is no quantity specified in the medical

record. There is no documentation, if Docusate sodium is prescribed, of objective functional improvement. Consequently, absent legible clinical documentation, objective functional improvement, a specified quantity, Docusate sodium 100 mg (quantity unspecified) is not medically necessary.